

Reimbursement Policy for Modifiers XE XS XP XU and 59 Usage

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

The X(EPSU) modifiers, which include XE, XP, XS, and XU, collectively refer to specific subsets of modifier 59. These modifiers serve as more precise alternatives to modifier 59, indicating distinct or independent services under specific circumstances. It is essential to note that it is incorrect to use both modifier 59 and any of the X(EPSU) modifiers on the same line.

Here's a breakdown of each X(EPSU) modifier:

- XE (Separate Encounter) is used when a service is distinct because it occurred during a separate encounter on the same date of service.
- XP (Separate Practitioner) indicates a service that is distinct because it was performed by a different practitioner.
- XS (Separate Structure) identifies a service as distinct because it was performed on a separate organ or structure.
- XU (Unusual Non-Overlapping Service) is used when a service is distinct because it does not overlap the usual components of the primary service.

Modifier 59, on the other hand, is a more general modifier used to identify procedures or services that are not typically reported together or when a more descriptive modifier is unavailable. It applies to various scenarios, including different sessions, procedures, sites, incisions, lesions, injuries, and more. It should not be applied to E/M services and should only be used when no other more descriptive modifier adequately explains the circumstances. It's important to avoid using modifiers 59 and XU to bypass procedure-to-procedure (PTP) edits based on the two codes representing different procedures. Instead, for reporting a separate and distinct E/M service with a non-E/M service performed on the same day, consider using modifier 25.

Reimbursement Guidelines

Molina Healthcare has specific requirements for the proper documentation of medical necessity and valid diagnosis codes for the reimbursement of certain procedures. Please note that charges submitted without the necessary supporting evidence of medical necessity or the correct diagnosis codes will not be factored into the final claim payment calculation.

To understand the coverage guidelines, limitations, and medical necessity criteria, please consult the referenced document: CMS - Proper Use of Modifiers 59, XE, XP, XS, and XU (XEPSU)

For reimbursement, it is crucial to bill the following procedure codes with one of the diagnosis codes listed in the referenced document: <u>CMS - Proper Use of Modifiers 59, XE, XP, XS, and XU (XEPSU)</u>



Claims that are not billed correctly may face denial or potential recovery. Payment rates are determined based on the applicable fee schedule or provider contract agreement.

Please be aware that Molina Healthcare retains the right to review all claim payments and recover any overpaid amounts based on contractual rates.

Supplemental Information

Definitions

| Term | Definition | |
|----------|---|--|
| X(EPSU) | Modifiers used for billing certain codes at high risk of incorrect billing | |
| E/M | Evaluation and Management | |
| NCCI PTP | National Correct Coding Initiative procedure to procedure used to prevent improper payment when certain codes are submitted together. | |

State Exceptions

| State | Exception | |
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Documentation History

| Туре | Date | Action |
|--------------|------|--------|
| Published | | |
| Revised Date | | |

References

| State/Agency | Document Name/Description | Link/Document |
|------------------------------------|--|--|
| CMS | Proper Use of Modifier 59-XEPSU | Proper use of Modifier - 59 XEPSU |
| | Modification of MCS Claims logic for Modifier 59, XE, XS, XP and XU Use of Modifier 25 | CMS - CR11168 |
| | | CMS - CR1250 |
| Novitas | Modifiers 59 and X(EPSU) | Modifiers 59 and X(EPSU) |
| Capture Billing | Medicare 59 Modifiers – XE, XP, XS, XU | Medicare 59 Modifiers – XE, XP, XS, XU |
| Whatismedicalinsurance billing.org | Modifiers XE XS XP XU and 59 | Modifiers-XE-XS-XP-XU-and-59-usage |
| Findacode.com | CPT look up – Modifier 59 | Findacode.com - Modifier 59 |